



MENTOR PROTÉGÉ PROGRAM
APPLICATION

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Legal Name	d.b.a. (If different)	Federal Tax I.D. or Social Security No.
Business Address:	Mailing Address (If different)	California Construction Contractors
License Classifications (Type) _____		License # _____

Certification Status: (Check One)

DBE _____ DVBE _____ ESB _____

Name: _____

MBE _____ SDVOB _____ WSB _____

Title: _____

Identify all Owners/Shareholders with more than 20% ownership:

NAME	% Ownership	NAME	% Ownership
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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Business Telephone: _____ Fax Number: _____ Cellular Number: _____

Pager Number: _____ E-Mail Address: _____

Business start Date: _____ Specialty: _____

Number of full-time employees: _____

Number of part-time employees: _____

Legal Structure of Business: Corporation _____ Partnership _____ Sole Proprietorship _____

LLC _____ Other (Specify) _____ Is your company a union shop? _____

Name of Insurance Company

Bonding Company

Agent _____ Phone Number _____

Agent _____ Phone Number _____

Amount _____ Type of Coverage _____

\$ _____ \$ _____
Single Aggregate

Please list major customers or projects of the business for the last two (2) years (list most recent first). If new business, list previous business reference:

Customer	Telephone	Contact Person	Type of Project	Current Amount	Year
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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In addition to experience, a solid financial foundation is a key component of any successful business enterprise. Therefore, in order for your application to be thoroughly evaluated please provide one of the following: 1. ***A Complete Profit and Loss Statements***, 2. ***a CPA prepared Financial Statement*** or 3. ***a Schedule C Tax Return*** for the last three (3) years. Also, your company must have been in operation continuously for the past three (3) years or longer. Your financial documents will be reviewed and analyzed prior to you being invited for an interview.

Years	Annual Gross Revenue
2007	_____
2008	_____
2009	_____

What are your business objectives? _____

State why you want to participate in the Mentor Protégé Program: _____

Check the categories where you may need assistance:

<input type="checkbox"/> Business plan	<input type="checkbox"/> Obtaining permits	<input type="checkbox"/> Job Cost Accounting
<input type="checkbox"/> Implementation & Action Plans	<input type="checkbox"/> Collections	<input type="checkbox"/> Bonding
<input type="checkbox"/> Organization structure	<input type="checkbox"/> Records & Contract Management	<input type="checkbox"/> Banking services
<input type="checkbox"/> Market analysis	<input type="checkbox"/> Troubleshooting & Problem Solving	<input type="checkbox"/> Payroll
<input type="checkbox"/> Operation Assessment	<input type="checkbox"/> Personnel Management	<input type="checkbox"/> Estimating
<input type="checkbox"/> Blueprint reading	<input type="checkbox"/> Project Planning & Scheduling	<input type="checkbox"/> Insurance
<input type="checkbox"/> Interpreting plans & Specifications	<input type="checkbox"/> Work In Progress Statements	<input type="checkbox"/> Negotiating Contract
<input type="checkbox"/> Cash Flow Analysis	<input type="checkbox"/> Accounting records preparation	<input type="checkbox"/> Post Award Bid
<input type="checkbox"/> Construction Equipment	<input type="checkbox"/> & maintenance	<input type="checkbox"/> Assessment &
<input type="checkbox"/> & Material Purchasing	<input type="checkbox"/> Analysis of fixed & variable	<input type="checkbox"/> Unsuccessful Bid
<input type="checkbox"/> Preparing & Negotiating Change Orders,	<input type="checkbox"/> Cost Components	<input type="checkbox"/> Proposals
<input type="checkbox"/> Job budgets, trade payment breakdowns		

Are you current with your Federal and State Taxes and creditors? Yes _____ No _____

Have you filed for Bankruptcy in the last Seven (7) years? Yes _____ No _____

Are you currently enrolled or participating in any other programs and/or sponsorships? Yes _____ No _____

Your signature certifies that the information provided in this application is true and accurate to the best of your knowledge.

Print your name

Signature

Date

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RETURN COMPLETED APPLICATION TO:

FOR QUESTIONS CONTACT:

Mr. Herbert L. Lemmons
Mentor Protégé Program Manager
Mentor Protégé Program
City of San Diego
Administration Department
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San Diego, CA 92101
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PERSONAL INFORMATION NOTICE

Pursuant to the Federal Privacy Act (P. L. 93 -579) and the Information Practices Act of 1977 (Civil Code Sections 1798, et seq.) noticed is hereby given for the request of personal information by this form. The requested information is voluntary. The principal purpose of the voluntary information is to facilitate the processing of this form. The failure to provide all or any part of the requested information may delay processing of this form. No disclosure of personal information will be made unless permissible under Article 6 Section 1798 .24 of the IPA of 1977.

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